

Fairfax County Youth Sports Scholarship Program

Fairfax County Department of Community and Recreation Services will continue to provide registration fee scholarships or an equipment voucher to help kids participate in sports programs in Fairfax County. Mileage assistance is also available for those who qualify. Specifically, this scholarship program provides assistance to youths from low income families who are not currently being served by existing scholarship or fee waiver programs.



Any child who meets the following eligibility criteria who is currently receiving a fee waiver from a sports organization may also be eligible to apply for an equipment voucher and/or mileage assistance. Please note: the mileage assistance feature of this program reimburses neighbors, volunteer coaches and other family support personnel for mileage to transport the child to and from practice and games, thus helping ensure successful participation in the program (parents/guardians are not eligible to receive mileage assistance).

To be eligible for a sport scholarship, a child must:

- Quality for free or reduced school lunch, or be eligible for TANF (aid to dependent children);
- Or,* - Be receiving assistance from one or more of the following programs: General Relief, food stamps, ADC, Foster Care, Medicaid or SSI;
- And,* - Be school-aged;
- And,* - Make a commitment to attend a minimum of 80% of scheduled practices and games.

Priority is given to eligible youth meeting one or more of the criteria below:

- Member of a multi-child family;
- Living in a single parent home;
- Recommended by a Department of Family Services social work, Fairfax County Public Schools social worker, or CRS Community Center Director;
- Involved with services provided under the Virginia Comprehensive Services Act (CSA) or Human Service Wraparound Service initiatives.

Please take this opportunity to identify children who are current or potential participants in your organization/school who might be eligible for this program. If you have any questions, contact Casey Hanes at 703-324-5649 (catherine.hanes@fairfaxcounty.gov).

**FAIRFAX COUNTY DEPARTMENT OF COMMUNITY AND RECREATION SERVICES
YOUTH SPORTS SCHOLARSHIP PROGRAM APPLICATION**

Please complete the following information, one application per child:

Child's Name: _____ Age: _____ Male/Female: _____ Birthdate: _____

Parent/Guardian: _____ Home phone: _____ Work phone: _____

Family's Address: _____
street city state zip

School Child Attends: _____ Grade: _____

Does your child qualify for free or reduced school lunch: YES NO

Is he/she eligible for TANF (aid to dependent children): YES NO

If yes, Service # _____ or Case # _____

What sport is your child interested in playing? Please circle choice.			
Soccer	Football	Lacrosse	Other
Baseball	Cheerleading	Softball	
Basketball	Volleyball	CRS Camp (summer only)	



Organization preference, if any: _____

Has your child ever received a fee waiver from the above sports organization? YES NO

Which of the following are you requesting? **Please circle choice.**

Registration fee waiver

Equipment voucher

Mileage assistance

CONSENT TO EXCHANGE INFORMATION

I understand that additional information may be required to adequately serve myself/my child, to coordinate services with other agencies, and to verify eligibility for services. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to provide or coordinate these services. I certify that all of the information I have supplied is true and correct. I permit the Dept. of Community & Recreation Services staff to verify the information on this application. I understand that my child(ren)'s participation in this program requires a commitment to attend a minimum of 80% of the scheduled practices and games.

REQUEST FOR FEE WAIVER

I am currently enrolled in a public assistance program such as Free or Reduced Lunch, General Relief, Food Stamps, ADC, Foster Care, Medicaid or SSI. I request a fee waiver for the Youth Sports Scholarship Program and give my permission for the Department of Family Services to release information verifying my eligibility. I understand that if I am receiving Medicaid or SSI, I must submit proof that I am receiving services.

_____, am signing this form for _____
(full printed name of requesting person or persons) (printed name of child receiving services)

This section MUST be completed in order to process the application, or attach verification documents:

Verification: _____	Phone: _____	Date: _____
Signature of Parent/Guardian: _____	Phone: _____	Date: _____

HAVE YOUR APPLICATION FORM COMPLETED AND SIGNED BY YOUR CASE WORKER OR SCHOOL COUNSELOR AND RETURN TO 12011 GOVERNMENT CENTER PARKWAY, SUITE 1050, FAIRFAX, VA 22035 OR FAX TO 703-324-5546, ATTN: CASEY HANES